

Direct Payment Form

The Direct Payment Plan will help you in several ways:

- It saves time-fewer checks to write.
- Helps meet your commitment in a convenient and timely manner even if you are on vacation or out of the town.
- No lost or misplaced statements, your payment is always on time- it helps maintain good credit.
- No late charges and no worries of disconnection of services due to non-payment.
- It saves postage.
- It is easy to sign up or easy to cancel.

Here is how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be drafted automatically within fifteen days of the billing date. If the due date falls on a weekend then it will be the following Monday and proof of your payment will appear on your next statement. The authority you give to charge your account will remain in effect until you notify us thirty days in advance in writing to terminate the authorization. The amount of your payment will be on your monthly utility bill that is mailed out each month. If a utility bill is not received the customer is responsible for obtaining the amount of the bill from the city utilities office. To take advantage of this service, complete the attached form and return it to us.

All you need to do is the following steps to complete the attached authorization form:

- 1. Please check next to check or savings to indicate which account your payment will be deducted from.
- 2. Fill in your name, financial institution name and location and date.
- 3. Attach a voided check and please fill in your bank account number and routing number.
- 4. Sign the authorization form.



I authorize the City of Hutto to initiate electronic debit entries to my:

| CHECKING | ACCOUNT | OR | SAVINGS ACCOUNT |
|--|---|------------------------------------|--|
| cycles. If a utility bill is not rece office. My payments will be dra on a weekend then it will be the | eived it is my responsibilited automatically within following Monday. I acknowledge provisions of U.S. law. | ity to n fifte know . Thi | statement is on pre-established monthly billing obtaining the amount of the bill from the city en days of the billing date. If the due date falls ledge that the origination of ACH transactions to a authorization will remain in effect until I have m thirty days in advance. |
| (PLEASE PRINT) | | | |
| Name: | | | |
| Name:(FI | RST) | | (LAST) |
| Physical Address: | | | |
| Utility Account #: | | | |
| Financial Institution Name: | | | |
| Account Number at Financi | al Institution: | | |
| Financial Institution Routing | g/Transit Number: | | |
| Financial Institution City an | d State: | | |
| Signature: | | | Date: |
| PLEASE KEEP A C | OPY OF THE AUTHOR | RIZAT | TION FORM FOR YOUR RECORDS |
| | STAPLE VOIDED | CHI | ECK HERE: |
| | OFFICE US | SE ON | <u> LY</u> |
| Date of first draft: | | | U.A.S. Initials: |